

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 9
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR MR.	FIRST DAVID	MI J
	NICKNAME	LAST SLATTERY	SUFFIX
OFFICE USE ONLY			
Date Received			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 10511 RARITAN DR. HOUSTON TX 77043		
	Date Hand-delivered or Date Postmarked		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(713) 252-7324		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR MR.	FIRST GLENN	MI
	NICKNAME	LAST BRIMES	SUFFIX
Receipt # Amount \$			
Date Processed			
Date Imaged			
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 12423 BROKEN ARROW ST. HOUSTON TX 77024		
	Date Hand-delivered or Date Postmarked		
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(713) 826-6429		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)		
	<input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month	Day	Year
	04 / 08 / 2022		THROUGH 04 / 29 / 2022
11 ELECTION	ELECTION DATE		ELECTION TYPE
	Month	Day	Year
05 / 07 / 2022		<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known)
			SBISD TRUSTEE POSITION 7
14 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.		
	COMMITTEE TYPE	COMMITTEE NAME	
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS	
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	

GO TO PAGE 2

RECEIVED
APR 29 2022
BY: *Deane Dickins*
Revised 8/17/2020

SUBTOTALS - C/OH

**FORM C/OH
COVER SHEET PG 3**

19 FILER NAME <p style="text-align: center;"><i>DAVID SLATTERY</i></p>	20 Filer ID (Ethics Commission Filers)
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21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>4,025.00</i>
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. <input type="checkbox"/> SCHEDULE E: LOANS	\$
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>5,289.14</i>
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 3
2 FILER NAME DAVID SLATTERY		3 Filer ID (Ethics Commission Filers)
4 Date 04/09/22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DONNA COLLUM	7 Amount of contribution (\$) \$ 50.00
6 Contributor address; City; State; Zip Code 10210 OAKPOINT DR HOUSTON TX 77043		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 04/10/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SUSAN FORNEY	Amount of contribution (\$) \$ 100.00
Contributor address; City; State; Zip Code 1241 FRIES RD HOUSTON TX 77055		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/08/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KEITH STRAHAN	Amount of contribution (\$) \$ 100.00
Contributor address; City; State; Zip Code 730 NORTH POST OAK RD. HOUSTON TX 77024		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/09/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JOHN MORETTA	Amount of contribution (\$) \$ 250.00
Contributor address; City; State; Zip Code 10507 RARITAN DR. HOUSTON TX 77043		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 3
2 FILER NAME DAVID SLATTERY		3 Filer ID (Ethics Commission Filers)
4 Date 04/09/22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JOHN VASSAR	7 Amount of contribution (\$) \$ 150.00
6 Contributor address; City; State; Zip Code 13118 CONIFER RD. HOUSTON TX 77079		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 04/10/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ALBERT MC MICHAEL	Amount of contribution (\$) \$ 100.00
Contributor address; City; State; Zip Code 1400 BEUTEL DR. HOUSTON TX 77055		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/14/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JENNIFER COOPER	Amount of contribution (\$) \$ 500.00
Contributor address; City; State; Zip Code 2710 DURBAN HOUSTON TX 77043		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/20/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JOHN MEADOR	Amount of contribution (\$) \$ 2,500.00
Contributor address; City; State; Zip Code 24 N. CREEKSIDE CT. HOUSTON, TX 77055		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME DAVID SLATTERY		3 Filer ID (Ethics Commission Filers)
4 Date 04/23/22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BRUCE BURIANEK	7 Amount of contribution (\$) \$ 100.00
6 Contributor address; City; State; Zip Code 3010 QUINCANNON LN. HOUSTON, TX 77043		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date 04/26/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ADAM HAMZA	Amount of contribution (\$) \$ 125.00
Contributor address; City; State; Zip Code 3802 GARDENDALE HOUSTON TX 77092		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 04/27/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JOE HARRINGTON	Amount of contribution (\$) \$ 50.00
Contributor address; City; State; Zip Code 9935 KEMPFORREST HOUSTON TX 77043		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 3	2 FILER NAME DAVID SCATTERY	3 Filer ID (Ethics Commission Filers)
4 Date 04/11/22	5 Payee name VIRTUOSO GRAPHICS	
6 Amount (\$) \$ 703.63	7 Payee address; City; State; Zip Code 4703 RICHMOND AVE. HOUSTON TX 77027	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description PUSH CARDS + DOOR HANGERS
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 04/17/22	Payee name GOOGLE DOMAINS	
Amount (\$) \$ 12.79	Payee address; City; State; Zip Code 1600 AMPHITHEATRE PKWY. MOUNTAIN VIEW CA 94043	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description DOMAIN HOSTING
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 04/21/22	Payee name MINUTEMAN PRESS WESTCHASE	
Amount (\$) \$ 1,550.91	Payee address; City; State; Zip Code 3711 BRIARPARK DR., STE 395 HOUSTON TX 77042	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description PRINTING (MAIL PIECE)
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 3	2 FILER NAME DAVID SLATTERY	3 Filer ID (Ethics Commission Filers)
4 Date 04/22/22	5 Payee name MINUTE MAN PRESS WESTCHASE	
6 Amount (\$) \$ 1,268.79	7 Payee address; City; State; Zip Code 3711 BRIARPARK DR., STE. 395 HOUSTON TX 77042	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description POSTAGE FOR MAIL PIECE
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date 04/25/2022	Payee name FACEBOOK	
Amount (\$) \$ 25.00	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description ADVERTISEMENT
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date 04/27/22	Payee name FACEBOOK	
Amount (\$) \$ 25.00	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description ADVERTISEMENT
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

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1 Total pages Schedule F1: 3	2 FILER NAME DAVID SLATTERY	3 Filer ID (Ethics Commission Filers)	
4 Date 04/27/22	5 Payee name AWEARNESS DESIGN		
6 Amount (\$) \$593.45	7 Payee address; 10245 KEMPWOOD DR., STE E HOUSTON TX 77043	City;	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description T-SHIRTS	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 04/28/22	Payee name SPRINT 2 PRINT		
Amount (\$) \$ 730.69	Payee address; 8748 CLAY RD., STE. 300 HOUSTON TX 77080	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description YARD SIGNS	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 04/29/22	Payee name VIRTUOSO GRAPHICS		
Amount (\$) \$ 378.88	Payee address; 4703 RICHMOND AVE. HOUSTON TX 77027	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description PRINTING DOOR HANDBERS	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

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